

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**☒ Declaration  
Submitted  
With Initial  
Filing

OR

☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number	GHL-P002
First Named Inventor	David A. Schleppentach
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**COMMUNICATION SYSTEM AND METHODS**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

11/15/2004

as United States Application Number or PCT International

Application Number

PCT/US2004/038141

and was amended on (MM/DD/YYYY)

09/13/2005

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 385(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

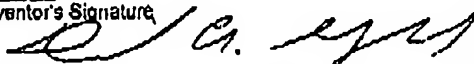
(Page 1 of 2)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/> The address associated with Customer Number: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>		OR <input checked="" type="checkbox"/> Correspondence address below	
Name KEITH J. SWEDO			
Address ONE INDIANA SQUARE, SUITE 3500			
City INDIANAPOLIS		State INDIANA	ZIP 46204
Country USA	Telephone 317-713-3446		Email KSWEDO@SOMMERBARNARD.COM
<b>WARNING:</b>			
<p>Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identify theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.</p>			
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) DAVID A.		Family Name or Surname SCHLEPPENBACH	
Inventor's Signature 			Date 5/11/05
Residence: City LAFAYETTE	State INDIANA	Country USA	Citizenship USA
Mailing Address 1906 NORTH 15TH			
City LAFAYETTE	State INDIANA	Zip 47904	Country USA
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
Page 1 of 1	

Name of Additional Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
J. P. 2		SAID	
Inventor's Signature		Date	
WEST LAFAYETTE		INDIANA	USA
Residence: City		State	Country
5809 NORTH 78 EAST			CANADA
Mailing Address			Citizenship
WEST LAFAYETTE		INDIANA	47906
City		State	Zip
USA		Country	
Name of Additional Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ABRAHAM		NEMETH	
Inventor's Signature		Date	
SOUTHFIELD		MICHIGAN	USA
Residence: City		State	Country
24111 CIVIC CENTER BLVD			USA
Mailing Address			Citizenship
SOUTHFIELD		MICHIGAN	48034
City		State	Zip
USA		Country	
Name of Additional Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
			Citizenship
Mailing Address			
City		State	Zip
			Country

This collection of information is required by the USPTO, 35 U.S.C. 116 and 37 CFR 1.415. The information is required to obtain or retain a benefit by the public which is in the public interest. Confidentiality is guaranteed by 35 U.S.C. 124 and 37 CFR 1.415 and 1.14. This collection is intended to take 21 minutes to complete, including the time to prepare the completed application form to the USPTO. Time will vary depending upon the individual and the complexity of the information. Any person who is required to complete this form and/or any person who is required to reduce the form should be sent to the Child Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22314-1450. DO NOT SEND THIS INFORMATION TO THE ADDRESS. TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22314-1450.

If you need assistance in completing the form, call 1-800-PTO-5100 (1-800-765-5100) and select option 2.

BEST AVAILABLE COPY

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	PCT/US04/38141
Filing Date	Nov. 15, 2004
First Named Inventor	Schleppembach
Title	Communication System and Methods
Art Unit	
Examiner Name	
Attorney Docket Number	GHL-P002

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Keith J. Swedo	43,176

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name  
Sommer Barnard PC  
Address  
One Indiana Square, Suite 3500

City	Indianapolis	State	Indiana	Zip	46204
Country	USA				
Telephone	317-713-3440	Email	kswedo@sommerbarnard.com		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>David Schleppembach</i>	Date	5/11/06
Name	David Schleppembach	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FILES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	PCT/US04/38141
Filing Date	Nov. 15, 2004
First Named Inventor	Schleppenhach
Title	Communication System and Methods
Art Unit	
Examiner Name	
Attorney Docket Number	GHL-P002

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Keith J. Swedo	43,176

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Sommer Barnard PC				
Address	One Indiana Square, Suite 9500				
City	Indianapolis	State	Indiana	Zip	46204
Country	USA				
Telephone	317-713-3446	Email	kswedo@sommerbarnard.com		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>[Signature]</i>	Date	5-12-06
Name	Joe P. Said	Telephone	650 775 3776
Title and Company	Founder gh, LLC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**BEST AVAILABLE COPY**

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	PET/USD4/38141
Filing Date	Nov. 15, 2004
First Named Inventor	Schleppenbach
Title	Communication System
Art Unit	
Examiner Name	
Attorney Docket Number	GHL-P002

## Schleppendach Communication System and Methods

**I hereby appoint:**

**OR**

☒

	Name	Registration Number
	Kein J. Swedo	43.176

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith

☐ 106 30075-11 820-01, filed with the above-mentioned Customer Number:

Q

The address also listed with Customer Number.

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Sommer Darnard PC		
	Address	One Indiana Square, Suite 3000		
	City	Indianapolis	State	Indiana
	Country	USA	Zip	46204
	Telephone	317-713-3440	Email	kweselo@sommerdarnard.com

12100.

☒ Applicant/Interviewee

Ammonia - 1.0000

1 the entire interest. See 37 CFR 3.71.  
CFR 3.710) is enclosed. (Form P1 US8/96)

**SIGNATURE of Applicant or Assignee of Patent**

Signature	<i>[Signature]</i>	Date	5-12-06
Name	Abraham Nemyra	Telephone	248-336 5353
Title and Company	CEO LLC		

NOTE: Signatures of all the witnesses and of defendants of record at the entire hearing or their representatives are required. Every receipt form is more than one page.

☒ Total of 4 items are purchased.

This collection of information is required by 32 USC 123, 132, and 133. The information is required to identify or punish a benefit by the public system in the past by the U.S. Department of Justice. Confidentiality is guaranteed by 38 USC 122 and 37 CFR 1.11 and 1.14. This collection is designed to help 3 minutes. and submitting the completed application form to the USPTO. You will very depending upon the individual case. Any you require to complete that then under suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 450, Alexandria, VA 22304-4500. DO NOT SEND ANY OR COMPLETED NO TO: Commissioner for Patents, P.O. Box 1440, Alexandria, VA 22304-1440.

For signed assistance in completing the form, call 1-800-PTC-8199 and select option 2.

BEST AVAILABLE COPY

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	PCT/US04/38141
Filing Date	Nov. 15, 2004
First Named Inventor	Schleppenbach
Title	Communication System and Methods
Art Unit	
Examiner Name	
Attorney Docket Number	GHL-P002

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Keith J. Swedo	43,176

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Sommer Barnard PC		
Address	One Indiana Square, Suite 3500		
City	Indianapolis	State	Indiana Zip 46204
Country	USA		
Telephone	317-713-3446	Email	kswedo@sommerbarnard.com

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)

## SIGNATURE of Applicant or Assignee of Record

Signature	<i>Joseph T. Swedo</i>	Date	5/11/06
Name	Joseph T. Swedo	Telephone	(317) 713-3176
Title and Company	President, GHLPC		x208

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY